

## PART 71 PROGRAM IMPLEMENTATION CHECKLIST

### PART A Administrative Information

Date: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
City, County/Parish: \_\_\_\_\_  
State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Facility Mailing Address: \_\_\_\_\_

State Permit Number \_\_\_\_\_ Primary SIC Code \_\_\_\_\_  
State Account Number \_\_\_\_\_ Secondary SIC Code(s) \_\_\_\_\_  
State Permit Engineer \_\_\_\_\_

Indicate appropriate information:

☐ Major Source ☐ Minor Source  
☐ Synthetic Minor

### PART B Technical Information

Indicate appropriate information:

<input type="checkbox"/> CO Source	<input type="checkbox"/> NO <sub>x</sub> Source
<input type="checkbox"/> PM-10 Source	<input type="checkbox"/> SO <sub>2</sub> Source
<input type="checkbox"/> VOC Source	<input type="checkbox"/> Lead Source
<input type="checkbox"/> 112 (b) Pollutants	<input type="checkbox"/> BIF facility
<input type="checkbox"/> PSD source	<input type="checkbox"/> Compliance Schedule
<input type="checkbox"/> Nonattainment Area	<input type="checkbox"/> Federal Facility
<input type="checkbox"/> Acid Rain Source	<input type="checkbox"/> General Permit Source
<input type="checkbox"/> Chlorofluorocarbons	<input type="checkbox"/> Combustion Source

☐ Is your facility located within or near Indian Country?  
☐ Within 50 miles of Indian Country ?  
☐ Within 50 miles of Class I area?

Number of units subject to Compliance Assurance Monitoring (Part 64)? \_\_\_\_\_  
Applicable NSPS subpart (Please list)? \_\_\_\_\_  
Applicable NESHAP (Part 61) subpart (please list)? \_\_\_\_\_

Applicable MACT category (s) (please list)? \_\_\_\_\_  
Case-by-case MACT? \_\_\_\_\_

*Note: The terms 'Indian lands' and 'Indian Country' mean lands located within the exterior boundaries of a reservation, on lands held in trust for an Indian tribe or individual, on lands that were part of an original allotment to which the title has not been extinguished or that is still subject to a restriction on alienation.'*